

# U.S. Department of Energy

OAK RIDGE OPERATIONS OFFICE

## ANNOUNCEMENT

OR A 3890

November 6, 2000

### **SUBJECT: HEALTH BENEFITS OPEN SEASON, NOVEMBER 13 - DECEMBER 11, 2000**

A Federal Employees Health Benefits (FEHB) open season will be held from November 13, 2000 through December 11, 2000. During open season, any eligible employee who is not currently registered may enroll, and any eligible enrollee may change from one plan or option to another; from self only to self and family, or make a combination of these changes. Enrollees who wish to continue their current enrollment, do not need to take any action during this open season. **Enrollees whose plans will not be participating in the FEHB Program after January 13, 2001, MUST enroll in a different plan to continue FEHB coverage in 2001. Beginning January 14, 2001, there WILL NOT be any Health Maintenance Organizations (HMO Plans), offered for Knoxville, Tennessee, and surrounding areas.**

Due to a limited supply of the 2001 Enrollment Information Guide and Plan Comparison charts, your division level Administrative Assistant will receive a copy of the guide for your use. The division level Administrative Assistant should arrange a check out system so that the comparison guide may be reviewed or allow a photocopy made. The comparison guides contain open season enrollment information, a summary chart that describes the major features of each plan, and the appropriate biweekly and monthly premium rates. Please review the chart carefully to determine whether your plan will be in the FEHB program in 2001. The Plan Comparison charts may be used to compare benefits among plans. However, since they contain only general descriptions of plan benefits, do not rely solely on these booklets when deciding to enroll in or change enrollment to a specific plan. It is also important to remember that only you can decide which plan is best for you and your family. For employees who have Internet access, the Office of Personnel Management has a website regarding open season for FEHB. The address is:  
<http://www.opm.gov/insure>.

If, after reviewing the Plan Comparison charts, you decide to enroll in or change to a particular plan, consult the brochure for that plan for a complete description of benefits. If you are currently enrolled in a plan, your plan will send you a copy of its brochure and notice of the 2001 rates.

Brochures for all plans will be available for review in the Personnel and Management Analysis Branch (PMAB), Federal Building, 200 Administration Road, Oak Ridge, Tennessee.

**We highly encourage employees to contact their current or potential insurance carrier and physician to determine if they will be a subscriber for your servicing area.**

**The time frame for receiving your FEHB identification cards, can take 6-8 weeks from the start date of your coverage (1/14/2001). The "Employee Copy" of your Health Benefits Registration Form, SF 2809, may be used for identification purposes, until your cards are received.**

There are three basic types of plans available under the FEHB program:

- (1) Fee-for-service Plans: These plans reimburse you or your health care provider for covered services. If you enroll in one of these plans, you may choose your own physician, hospital, and other health care providers. Most of the fee-for-service plans have preferred provider arrangements in many parts of the country. By using preferred providers, you can reduce your out-of-pocket expenses and, in some cases, receive enhanced benefits.

Fee-for-service plans include the Service Benefit Plan sponsored by Blue Cross and Blue Shield and plans sponsored by unions and other employee organizations. Several employee organization plans are open to all eligible employees who are full or associate members of the organizations that sponsor the plans; other employee organization plans are restricted to employee organization groups and/or agencies. (See the employee organization plan brochures for information about membership and membership fees, which are in addition to your biweekly or monthly premiums). These membership fees are not part of the FEHB program costs.) Most of the employee organization plans base their payments to providers on the plan's determination of reasonable and customary charges. You are responsible for any applicable deductibles and co-insurance. If the provider's charge is higher than the plan's allowed amount, you are responsible for the difference.

- (2) Prepaid Plans - HMOs: These plans provide a comprehensive array of medical services, emphasizing prevention and early detection of disease, through contracted physicians, hospitals, and other providers in particular locations.

Each HMO is open to employees within the plan's enrollment area. You **cannot enroll** in an HMO if you **are located outside its enrollment area**. Refer to the plan's brochure if you have any questions about the enrollment area. **If you are enrolled in an HMO outside of the state of Tennessee, be sure to review the brochure carefully to see if there are any changes in the plan's service area which would require any action on your part.**

- (3) Plans Offering a Point of Service (POS) Product: Some FEHB plans blend their features. A number of fee-for-service and HMO plans now offer both forms of health care delivery, known as "in network" and "out of network." In an HMO that offers a POS product, the POS product acts like a fee-for-service plan: The HMO's enrollees may use non-affiliated (out of network) providers if they wish, but the services will cost them more--in terms of deductibles and coinsurance--than if they used plan providers.

In a fee-for-service plan with a POS product, the POS product acts like an HMO: If they agree to let their medical care be managed by a plan-affiliated gatekeeper physician (in network), plan enrollees will get a **better** benefit, usually in the form of richer benefits and lower copays or coinsurance.

How to Enroll or Make an Enrollment Change during Open Season: Employees wishing to **enroll, change, or cancel** their enrollment must complete a Health Benefits Registration Form Standard Form 2809. These forms are available from the PMAB in the Federal Building and must be completed and submitted to PMAB prior to close of business on December 11, 2000, to **Jill Stephenson, Personnel Staffing Specialist (AD-442), (865) 576-0677**. Your assistance is requested in making desired changes as early as possible in the open season.

New enrollments and changes in current enrollments elected during the open season will become **effective January 14, 2001**. If you change plans, any covered expenses incurred between **January 2, 2000** and **January 13, 2001**, will count toward the **2000** deductible of the plan you are changing from.

Please note that information you provide by enrolling in the FEHB program may also be used for computer matching with Federal, State, or local agencies' files to determine whether you qualify for benefits, payments, or eligibility in the FEHB, Medicare, or other Government benefits programs.

Temporary Continuation of Coverage (TCC): You should be aware that if you leave Federal employment you will probably be eligible for TCC (unless you are separated for gross misconduct). TCC can continue your enrollment for up to 18 months. TCC is also available for up to 36 months for dependents who lose eligibility as family members under your enrollment. This includes spouses who lose coverage because of divorce and children who lose coverage because they marry or reach age 22. TCC enrollees must pay the total plan premium (without a Government contribution) plus a 2 percent charge for administrative expense. There are specific time frames in which you or your dependent must enroll for TCC. Contact PMAB for a copy of RI 79-27 to obtain additional information.

If you have any questions or need additional information, please contact Jill Stephenson, Personnel Staffing Specialist, at (865) 576-0677.



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